

# NMCP COVID-19 Literature Report #25: Friday, 26 June 2020

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**Disclaimer:** I am not a medical professional. This document is current as of the date noted above. While I make every effort to find and summarize available data, things are changing rapidly, with new research and potentially conflicting literature published daily.

Reports are biweekly, planned for Tuesdays and Fridays.

## Now Online!

This and past reports are available online at <https://nmcp.libguides.com/covidreport>

Password (case sensitive): NMCPfinest

Access is private; you will need to use or bookmark the direct link and use the password.

## Statistics

*Global* 9,643,999 confirmed cases and 490,055 deaths in 188 countries/regions

*United States\** top 5 states by cases (Virginia is ranked 13th)

	TOTAL US	NY	CA	NJ	IL	TX
Confirmed Cases	2,424,054	390,415	201,114	170,196	139,434	134,558
Tested	29,207,820	3,619,594	3,694,345	1,320,910	1,461,527	1,659,340
Hospitalized	NA	89,995	NA	19,668	NA	NA
Recovered	NA	70,010	NA	29,740	NA	74,496
Deaths	124,468	31,301	5,806	14,872	6,810	2,317

\*see [census.gov](https://census.gov) for current US Population data; NA: not all data available

[JHU CSSE](https://csse.jhu.edu) as of 1100 EDT 26 June 2020

Virginia	Total	Chesapeake	Hampton	Newport News	Norfolk	Portsmouth	Suffolk	Virginia Beach
Cases	60,570	846	296	474	822	449	393	1,082
Hospitalized	6,071	124	39	44	97	67	56	117
Deaths	1,700	18	5	10	8	16	34	28

[VA DOH](https://vadoh.virginia.gov) as of 1100 EDT 26 June 2020

Navy statistics, previously provided via Navy Live blog, will no longer be included as they are only updated weekly: "Beginning Monday, June 22, this daily update will transition to a once-weekly update". See: <https://navylive.dodlive.mil/2020/03/15/u-s-navy-covid-19-updates/>

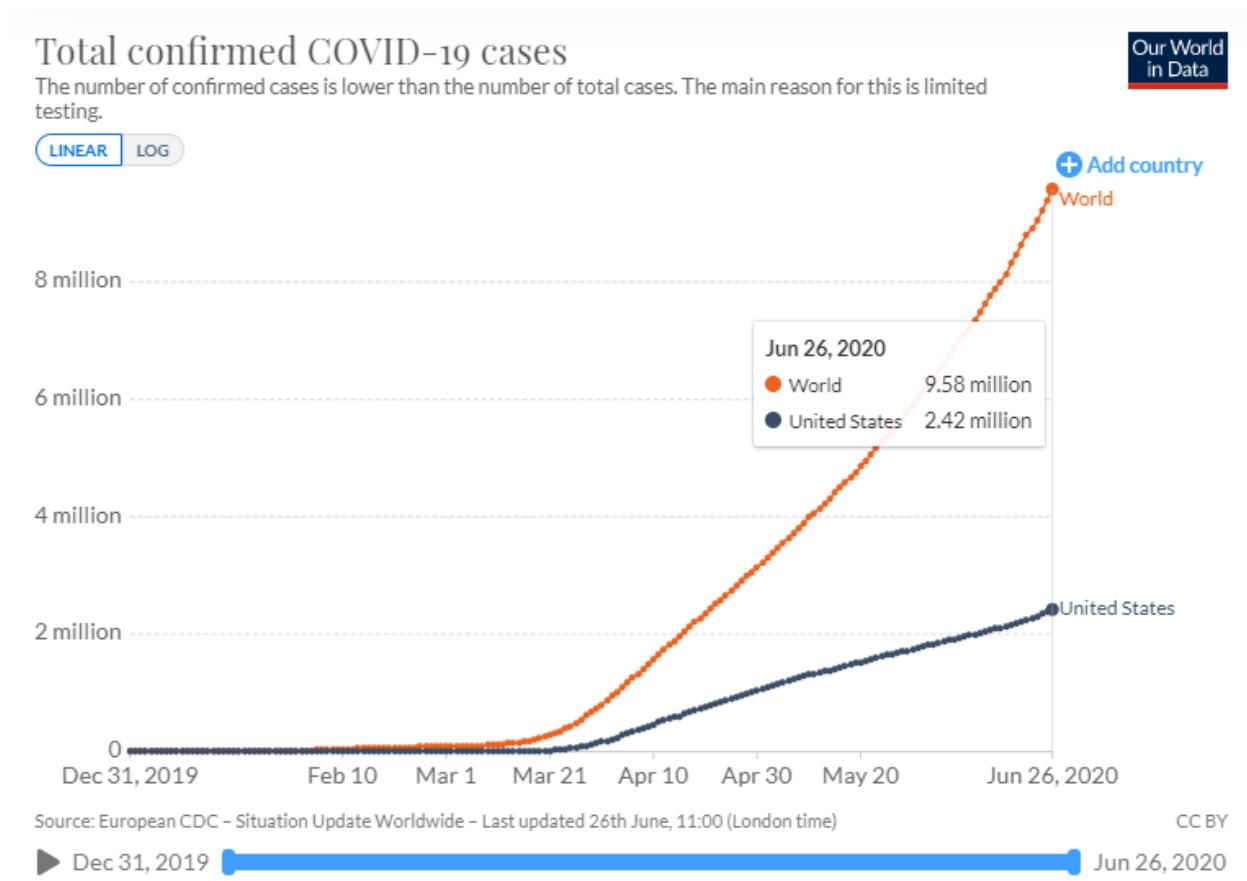
## Pandemic Timeline

It has been 179 days since 30 December 2019, when the ProMED mailing list had its first notice of a viral 'atypical pneumonia' outbreak in Wuhan, China ([ProMED](#)).

A lot has happened since then. "The global cumulative incidence surpassed 8 million cases on June 17, so it has only taken 6 days to reach 9 million cases. The following timeline illustrates the COVID-19 pandemic's trajectory to date" ([JHCHS](#); linked data from [WHO](#)):

- Zero cases to [1 million cases](#): ~100 days
- 1 million to [2 million cases](#): 12 days
- 2 million to [3 million cases](#): 13 days
- 3 million to [4 million cases](#): 12 days
- 4 million to [5 million cases](#): 11 days
- 5 million to [6 million cases](#): 10 days
- 6 million to [7 million cases](#): 8 days
- 7 million to [8 million cases](#): 8 days
- 8 million to [9 million cases](#): 6 days

Here is a visual from Our World in Data ([OWID](#)) using data from the European Centre for Disease Prevention and Control ([ECDC](#)):



► Dec 31, 2019 Jun 26, 2020

## **Evidence Synthesis and Other Reports**

[ECRI](#): Considerations for Safe Labor, Delivery, and Neonatal Care during the COVID-19 Pandemic (24 June 2020)

"During the COVID-19 pandemic, maximal protection of healthcare workers in obstetric and neonatal intensive care units (NICUs) and the mothers and newborns they care for are key aspects of specialized obstetric care, but limited outcomes data are available. Authors of a systematic review (SR) that examined 385 published cases as of April 20, 2020, concluded that "COVID-19 infection during pregnancy probably has a clinical presentation and severity resembling that in non-pregnant adults and probably is not associated with poor maternal or perinatal outcomes." Very limited data from another SR that examined 220 cases as of April 17, 2020, and 5 additional individual low-quality studies of 314 newborns suggest that the risk of mother-to-baby transmission in women with COVID-19 infection is low. However, uncertainty about whether the virus crosses the placental barrier has led many obstetric departments to prohibit the practice of delayed umbilical cord clamping in term infants to minimize newborn exposure to any virus in the immediate environment. Guidance from multiple organizations describes ways to protect staff and measures to limit transmission, provides recommendations for COVID-19 testing for pregnant women and for infants born to infected mothers, and offers recommendations for optimal maternal care and breastfeeding. We also identified 25 articles that describe safe care strategies for patients or staff. Also, COVID-19 registries are collecting further data on maternal and neonatal outcomes."

## **Selected Primary Literature**

*Recent—published in peer-reviewed journals within the last 7 days of report's date*

[MMWR](#): Characteristics of Women of Reproductive Age with Laboratory-Confirmed SARS-CoV-2 Infection by Pregnancy Status — United States, January 22–June 7, 2020 (26 June 2020)

"Limited information is available about SARS-CoV-2 infection in U.S. pregnant women.

Hispanic and non-Hispanic black pregnant women appear to be disproportionately affected by SARS-CoV-2 infection during pregnancy. Among reproductive-age women with SARS-CoV-2 infection, pregnancy was associated with hospitalization and increased risk for intensive care unit admission, and receipt of mechanical ventilation, but not with death.

Pregnant women might be at increased risk for severe COVID-19 illness. To reduce severe COVID-19-associated illness, pregnant women should be aware of their potential risk for severe COVID-19 illness. Prevention of COVID-19 should be emphasized for pregnant women and potential barriers to adherence to these measures need to be addressed."

JAMA Dermatol: Evaluation of Chilblains as a Manifestation of the COVID-19 Pandemic (25 June 2020)

"Question: Is there an association between chilblains and coronavirus disease 2019 (COVID-19)?

Findings: In this case series of 31 patients who had recently developed chilblains, none of the patients tested positive for COVID-19 on nasopharyngeal swabs, nor were blood immunoglobulin (Ig) M or IgG antibodies detected.

Meaning: These ischemic, acral cutaneous lesions appeared not to be directly associated with COVID-19."

JAMA Dermatol: Assessment of Acute Acral Lesions in a Case Series of Children and Adolescents During the COVID-19 Pandemic (25 June 2020)

"Question: What is the association between acute acral lesions and coronavirus disease 2019 (COVID-19) in children and adolescents?

Findings: In this case series of 20 patients aged 1 to 18 years with new-onset acral inflammatory lesions, all lacked systemic manifestations of COVID-19. Both reverse transcriptase–polymerase chain reaction and serologic test results were negative for severe acute respiratory syndrome coronavirus 2.

Meaning: An association between acral skin disease and COVID-19 has yet to be proved."

Lancet Psychiatry: Neurological and neuropsychiatric complications of COVID-19 in 153 patients: a UK-wide surveillance study (25 June 2020)

"By working across the clinical neuroscience communities of neurology, psychiatry, stroke, and neurointensive care, we identified acute presentations of new-onset complications of COVID-19, reflecting the spectrum of the burden of disease. Ischaemic stroke was common in our cohort of 153 patients (most of whom were confirmed to have COVID-19). We identified a large group of patients with altered mental status, reflecting both neurological and psychiatric diagnoses, such as encephalitis and psychosis. Altered mental status was identified across all age groups, and many younger patients had this presentation.

Our work highlights the importance of interdisciplinary work in the clinical neurosciences field in the COVID-19 era. Clinicians should be alert to the possibility of patients with COVID-19 developing these complications and, conversely, of the possibility of COVID-19 in patients presenting with acute neurological and psychiatric syndromes. These findings should direct future research to establish the role of viral neurotropism, host immune responses, and genetic factors in the development of such complications so that clinical management strategies can be developed."

[\*\*JAMA\*\*](#): A Proposed Lottery System to Allocate Scarce COVID-19 Medications: Promoting Fairness and Generating Knowledge (24 June 2020)

Viewpoint: "If state health departments had instituted lotteries with registries to allocate the first shipments of remdesivir in May 2020, substantially more information about the effectiveness of remdesivir would likely be available now. Implementing central lotteries paired with registries of clinical outcomes could simultaneously allow fair allocation of scarce COVID-19 medications and facilitate knowledge generation that could reduce morbidity and mortality during the pandemic."

[\*\*JAMA Netw Open\*\*](#): Effect of Colchicine vs Standard Care on Cardiac and Inflammatory Biomarkers and Clinical Outcomes in Patients Hospitalized With Coronavirus Disease 2019: The GRECCO-19 Randomized Clinical Trial (24 June 2020)

"Question: Is the receipt of colchicine among patients hospitalized with symptomatic coronavirus disease 2019 associated with clinical benefit?

Findings: In this randomized clinical trial of 105 patients, the rate of the primary clinical end point (clinical deterioration) was higher in the control group than in the colchicine group, and the time to clinical deterioration was shorter in the control group than in the colchicine arm. No difference was observed in the primary biochemical end point (high-sensitivity troponin concentration), but patients in the colchicine group had a smaller increase in dimerized plasma fragment D compared with patients in the control group.

Meaning: The hypothesis-generating findings of this study suggest a role for colchicine in the treatment of patients with coronavirus disease 2019."

[\*\*JAMA Psychiatry\*\*](#): The Coronavirus Disease 2019 (COVID-19) Outbreak and Mental Health (24 June 2020)

Viewpoint: "In summary, mass quarantine and social isolation lead to increased use of social media and other information-based websites, which in turn increases fear, stress, and the risk of fear-related disorders. In times of rapidly spreading infectious diseases and mass exposure to trauma, online platforms can be used to guide effective consumption of information, facilitate social support, continue mental health care delivery, and develop and test innovative, personalized contact-based interventions that, if found effective, can be disseminated to address emerging mental health needs."

[\*\*Lancet Rheumatol\*\*](#): Tocilizumab in patients with severe COVID-19: a retrospective cohort study (24 June 2020)

"In our multicentre, retrospective study of 544 patients with severe COVID-19 pneumonia, the use of tocilizumab administered either intravenously or subcutaneously was associated with reduced risk of mechanical ventilation and death (adjusted hazard ratio 0·61, 95% CI

0·40–0·92;  $p=0·020$ ). We also found a strong association between the use of tocilizumab and reduced risk of death (adjusted hazard ratio 0·38, 0·17–0·83;  $p=0·015$ ).

Tocilizumab, administered intravenously or subcutaneously, might be capable of reducing the risk of invasive mechanical ventilation or death in patients with severe COVID-19 pneumonia."

[MMWR](#): COVID-19 Outbreak Among College Students After a Spring Break Trip to Mexico — Austin, Texas, March 26–April 5, 2020 (24 June 2020)

"Transmission of SARS-CoV-2 during and after a college spring break trip (March 14–19) led to 64 cases, including 60 among 183 vacation travelers, one among 13 household contacts, and three among 35 community contacts. Prompt epidemiologic investigation, with effective contact tracing and cooperation between a university and a public health department, contributed to outbreak control.

A coordinated response with contact tracing and testing of all contacts, including those who are asymptomatic, is important in controlling future COVID-19 outbreaks that might occur as schools and universities consider reopening."

[mSphere](#): Asymptomatic COVID-19 Patients Can Contaminate Their Surroundings: an Environment Sampling Study (24 June 2020)

"Although it has been well recognized that the virus SARS-CoV-2, the causative agent of COVID-19, can be acquired by exposure to fomites, surprisingly, the contamination of patients' surroundings by SARS-CoV-2 is largely unknown, as there have been few studies. We performed an environmental sampling study for 13 laboratory-confirmed COVID-19 patients and found extensive contamination of patients' surroundings. In particular, we found that asymptomatic COVID-19 patients contaminated their surroundings and therefore imposed risks for other people. Environment cleaning should be emphasized in negative-pressure rooms. The findings may be useful to guide infection control practice to protect health care workers."

[Nat Med](#): Determinants of COVID-19 disease severity in patients with cancer (24 June 2020)

"As of 10 April 2020, New York State had 180,458 cases of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and 9,385 reported deaths. Patients with cancer comprised 8.4% of deceased individuals. Population-based studies from China and Italy suggested a higher coronavirus disease 2019 (COVID-19) death rate in patients with cancer although there is a knowledge gap as to which aspects of cancer and its treatment confer risk of severe COVID-19. This information is critical to balance the competing safety considerations of reducing SARS-CoV-2 exposure and cancer treatment continuation. From 10 March to 7 April 2020, 423 cases of symptomatic COVID-19 were diagnosed at Memorial Sloan Kettering Cancer Center (from a total of 2,035 patients with cancer tested). Of these, 40% were hospitalized for COVID-19, 20% developed severe respiratory illness (including 9%

who required mechanical ventilation) and 12% died within 30 d. Age older than 65 years and treatment with immune checkpoint inhibitors (ICIs) were predictors for hospitalization and severe disease, whereas receipt of chemotherapy and major surgery were not. Overall, COVID-19 in patients with cancer is marked by substantial rates of hospitalization and severe outcomes. The association observed between ICI and COVID-19 outcomes in our study will need further interrogation in tumor-specific cohorts."

[PLoS One](#): The prevalence of symptoms in 24,410 adults infected by the novel coronavirus (SARS-CoV-2; COVID-19): A systematic review and meta-analysis of 148 studies from 9 countries (23 June 2020)

"The aim of this systematic review is to determine the prevalence of symptoms associated with COVID-19 worldwide....

The most prevalent symptoms were fever (78% [95% CI 75%-81%]; 138 studies, 21,701 patients; I<sup>2</sup> 94%), a cough (57% [95% CI 54%-60%]; 138 studies, 21,682 patients; I<sup>2</sup> 94%) and fatigue (31% [95% CI 27%-35%]; 78 studies, 13,385 patients; I<sup>2</sup> 95%). Overall, 19% of hospitalised patients required non-invasive ventilation (44 studies, 6,513 patients), 17% required intensive care (33 studies, 7504 patients), 9% required invasive ventilation (45 studies, 6933 patients) and 2% required extra-corporeal membrane oxygenation (12 studies, 1,486 patients). The mortality rate was 7% (73 studies, 10,402 patients).

We confirm that fever and cough are the most prevalent symptoms of adults infected by SARS-CoV-2. However, there is a large proportion of infected adults which symptoms-alone do not identify."

[Science](#): A mathematical model reveals the influence of population heterogeneity on herd immunity to SARS-CoV-2 (23 June 2020)

"Despite various levels of preventive measures, in 2020 many countries have suffered severely from the coronavirus 2019 (COVID-19) pandemic caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus. We show that population heterogeneity can significantly impact disease-induced immunity as the proportion infected in groups with the highest contact rates is greater than in groups with low contact rates. We estimate that if  $R_0 = 2.5$  in an age-structured community with mixing rates fitted to social activity then the disease-induced herd immunity level can be around 43%, which is substantially less than the classical herd immunity level of 60% obtained through homogeneous immunization of the population. Our estimates should be interpreted as an illustration of how population heterogeneity affects herd immunity, rather than an exact value or even a best estimate."

[Emerg Infect Dis](#): Persistence of Severe Acute Respiratory Syndrome Coronavirus 2 in Aerosol Suspensions (22 June 2020)

"We aerosolized severe acute respiratory syndrome coronavirus 2 and determined that its dynamic aerosol efficiency surpassed those of severe acute respiratory syndrome coronavirus and Middle East respiratory syndrome. Although we performed experiment only once across several laboratories, our findings suggest retained infectivity and virion integrity for up to 16 hours in respirable-sized aerosols....

Collectively, these preliminary data suggest that SARS-CoV-2 is resilient in aerosol form and agree with conclusions reached in earlier studies of aerosol fitness.... A fraction of naturally generated aerosols falls within the size distribution used in our experimental studies (<5  $\mu\text{m}$ ), which leads us to conclude that SARS-CoV-2-infected persons may produce viral bioaerosols that remain infectious for long periods after production through human shedding and airborne transport. Accordingly, our study results provide a preliminary basis for broader recognition of the unique aerobiology of SARS-CoV-2, which might lead to tractable solutions and prevention interventions."

*Controversy Over COVID-19 Publication*

A group of researchers from Stanford and Johns Hopkins universities have posted a letter requesting Proceedings of National Academy of Sciences retract an article on wearing masks ([CIDRAP](#)). The article, posted 11 June, suggests mask use was the most effective intervention slowing the spread of COVID-19 in New York City ([PNAS](#); mentioned in [NMCP lit report #22](#)). The researchers' letter, dated 18 June, states in part:

"The main conclusions of this paper are based in comparison of linear case count slopes within and between regions, with mask mandates as the observed variable of interest. It ignores other clear differences in disease control policy between these areas, including broader heterogeneity in face mask policy. In one critical example, the paper asserts that "after April 3, the only difference in regulatory measures between NYC and the United States lies in face coverings on April 17 in NYC." This is verifiably false, based on widely available (e.g., HIT-COVID) sources. It is flatly untrue that there were no other regulatory differences between NYC and the rest of the US on those dates; it is also untrue that NYC was the only region in the US mandating use of face coverings. In another example, the paper asserts that airborne transmission is the dominant route for COVID-19 spread. To justify this headline conclusion, the authors state that "With social distancing, quarantine, and isolation in place worldwide and in the United States since the beginning of April, airborne transmission represents the only viable

route for spreading the disease." In fact, in April, many regions (e.g., Sweden, parts of the United States) were not in lockdown, and quarantine and isolation were not in place in most

parts of the world. If similarly false statements about exposure were made widely in a cohort study or a randomized control trial, a rapid and complete retraction of the study would quickly follow. Hence, it is our view that PNAS is obligated to issue retraction of this work on these grounds alone." ([Metrics](#))

One professor of epidemiology who has followed the controversy and asked in the CIDRAP post about it says the paper wasn't a failure of the peer review process, but rather a failure of understanding the limits of science during a pandemic ([CIDRAP](#)). As of this writing, the publisher PNAS has not publicly addressed the concerns raised in the letter.

## Webinar

**WHAT:** Virtual Conversation: Ensuring Support Services for Youth With Disabilities & Special Health Care Needs Amid COVID-19

"With schools closed and families social distancing, the COVID-19 pandemic has significantly changed the lives of children across the country. For youth with disabilities and special health care needs and their caregivers, the challenges brought about by the pandemic have been even more acute, leading to issues accessing critical therapies and disrupted services at home and school.

There are a multitude of questions around how to ensure the health and safety of children with disabilities and special health care needs as the COVID-19 pandemic progresses: What do parents and those who care for children need to know about the impact of COVID-19? What will health and safety protocols for a return to school look like? Can therapies and services that are critical for youth well-being be delivered safely, and what concerns exist around disparities in access?"

**WHO:** [PolicyLab at Children's Hospital of Philadelphia](#)

**WHEN:** Wednesday, 01 July 2020 1000 – 1115 EDT  
Archived video will be available on Thursday, 02 July at  
<https://policylab.chop.edu/>

## News In Brief

CDC Director Robert Redfield: "Our best estimate right now is that for every case that's reported, there actually are 10 other infections." He also estimated that 92-95% of the US population is still susceptible to the virus ([WashPo](#)).

The coronavirus clusters popping up around the country seem more associated with social gatherings and workplace settings than protests ([NPR](#)).

Two Secret Service employees have tested positive for the coronavirus, leading to dozens more officers and agents ordered to self-quarantine ([WashPo](#)).

Texas Children's Hospital is admitting adults to help deal with surge of COVID-19 cases ([ABC](#)).

Long read: "Invisible outbreaks sprang up everywhere. The United States ignored the warning signs. We analyzed travel patterns, hidden infections and genetic data to show how the epidemic spun out of control." ([NYT](#))

### *Mitigation Measures*

"The governors of New York, New Jersey and Connecticut announced on Wednesday that visitors from states with high coronavirus infection rates must self-quarantine for 14 days on arrival" ([Reuters](#)).

Virginia is creating pandemic workplace safety rules, prompted by a lack of guidance or enforcement at the federal level ([WashPo](#)).

First robots were deployed to encourage social distancing ([CNBC](#)), now they are being used to relieve pressure on overburdened medical systems ([Nature](#)).

### *PPE*

In a survey of network hospitals by the Society for Healthcare Epidemiology of America, 40% said they had shortages of respirators, 68% used or were planning to use strategies to stretch their respirator supply, and 13% were self-producing PPE and testing supplies ([CIDRAP](#)).

Looking for a new use for your Instant Pot? Try this DIY method to decontaminate N95 masks, developed by the Department of Homeland Security Science and Technology Directorate—it may be useful in low-resource settings ([DHS](#)).

Long read: "Using TaskRabbit and Venmo, a Silicon Valley investor and his business partner had workers repackage non-medical KN95 masks so he could sell them to Texas emergency workers." ([ProPublica](#))

### *Research*

There is growing evidence from tissue studies that the coronavirus might trigger diabetes by damaging insulin-producing cells ([Nature](#)).

Researchers have learned a lot about SARS-CoV-2, including that the virus 'takes advantage of human instinct' ([STAT](#)).

Three new studies suggest media-based downplaying the severity of the pandemic and other misinformation may have intensified the outbreak ([WashPo](#)).

### *Testing, Treatment, Recovery, and Vaccines*

According to a drug buyer for about half of US hospitals, orders for dexamethasone have increased more than 600%, raising fears of impending shortages ([Reuters](#)).

A side effect noted in Soviet polio vaccine studies from the 1950s may be relevant to the current pandemic ([NYT](#)).

It's not just developing an effective vaccine for COVID-19 that is difficult; "producing enough to end the pandemic will be the biggest medical manufacturing feat in history" ([Reuters](#)).

### *Ripple Effects*

Despite recommendations from CDC to let homeless encampments remain where they are during the pandemic, many cities are doing sweeps and risking further spread of the virus ([NPR](#)).

The pandemic has shed light on many disparities; now it is uncovering a hidden health issue of eating disorders in people with food insecurity ([STAT](#)).

"In the COVID-19 era, health officials are urging lovers to don masks, embrace monogamy, stop kissing, and start improvising. But will we listen?" ([Vox](#))

### *Beyond COVID*

"In an April 7 internal memo, Homeland Security officials warned that the pandemic's 'extended isolation' could spark trouble" ([Defense One](#)).

The WHO has declared that the Democratic Republic of the Congo's longest and biggest Ebola outbreak is officially over; it began on 01 August 2018 and was the world's second largest and the DRC's 10th Ebola outbreak ([WHO](#)).

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VA DOH: Virginia Department of Health. COVID-19 in Virginia. Link:  
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### *Pandemic Timeline*

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JHCHS: Johns Hopkins Center for Health Security. COVID-19 Newsletter, Epi Update (24 June 2020). Link: <https://myemail.constantcontact.com/COVID-19-Updates---June-24.html?soi=1107826135286&aid=YODhhBKWJWw>

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### *Evidence Synthesis and Other Reports*

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